Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS456ASC	A. BUILDING _____ B. WING _____	01/13/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN SURGERY CENTER OF LAS	2575 LINDELL ROAD LAS VEGAS, NV 89102

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLE DATE
A 00	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of a State Licensure focused survey conducted in your facility on 01/07/09 and finalized on 01/13/09, in accordance with Nevada Administrative Code, Chapter 449, Surgical Centers for Ambulatory Patients. A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following deficiencies were identified.	A 00	Accepted w/plan of correction 2/4/10	
A 51	NAC 449.981 Appointment/Responsibilities of Administrator 5. The administrator shall: (a) Ensure that the center complies with all applicable federal and state laws and local ordinances and the policies and procedures approved by the governing body. This Regulation is not met as evidenced by: Based on observation, interview and facility vital signs discharge policy and procedure review, the nursing staff failed to ensure that a physician at	A 51	1. EXHIBIT A: An in-service was held on 1[illegible]/19/10 with the RN staff regarding acceptable blood pressure limits and the need to notify the MD if the patient's blood pressure is not within the acceptable range as defined by the W.H.O. RN's have received a copy of the in-service and a signed copy will be placed in their records. w/ correction per C. Butt 2/2/10	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Cynthia Butt RN Center Director — TITLE — (X6) DATE: 1/29/10

STATE FORM 6899 ORM211 — If continuation sheet 1

RECEIVED
JAN 29 2010
BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

Bureau of Health Care Quality and Compliance

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A 51	Continued From page 1 the center was notified of a patients elevated post operative blood pressure prior to discharge from the facility. (Patient #1) Severity: 2 Scope: 1	A 51	EXHIBIT B: Discharge section of the admit/recovery room record rewritten. See highlighted section at bottom of page.	
A112 SS=D	NAC 449.9855 PERSONNEL 2. Each employee of the center must: (a) Have a skin test for tuberculosis in accordance with NAC 441A.375. A record of each test must be maintained at the center. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure 1 of 10 employees surveyed had documentation of an initial 2 step Mantoux tuberculin skin test upon hire. (Employee # 7) Severity: 2 Scope: 1	A112	Accepted Updated 3/4/10 2. EXHIBIT C: A copy of the employee (#7) TB record enclosed, which includes a 2 step testing. TB testing at the ASC for this year is due in March. EXHIBIT D: New hire form to be used on all future employees reflecting the 2 step TB testing method.	
A118 SS=E	NAC 449.9855 Personnel 3. A current and accurate personnel record for each employee of the center must be maintained at the center. The record must include, without limitation: (d) Such health records as are required by chapter 441A of NAC. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure 4 out of 10 employees had documented evidence in their health records of a pre- employment physical examination or certification from a licensed physician that the person was in a good state of health and free from active tuberculosis or any other communicable disease in a contagious stage.	A118	EXHIBIT E: Policy changed to reflect the 2 step TB testing method to be done for new hires. 3. EXHIBIT F: Physical examination form to be used on all new hires.	

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A118	Continued From page 2 (Employees #4, #7, #8, #9,) Severity: 2 Scope: 2	A118	All employees have had a physical examination, dated 1/19/10 – with the exception of R. Norton, RN who will not be returning to duty until March. At that point, R. Norton, RN will receive a physical examination.	